WATER WELL RECORD		Form WWC-	5	Division of Wate	r Resources; App. No.		
1 LOCATION OF WATER WELL:		Fraction		Section Number	Township Number		
County:	077	AWA	SE4SE 4S	W 1/4	35	T 12 S	R JW E/W
Distance	e and direc	tion from nearest town or	city street address of we	ll if	Global Positioning	Systems (decimal deg	
located within city? Ya MILE WEST OF INTENSECT Latitude:							-
170 RD AND OTTAWA RD. NORTH JIDE					Longitude:		
2 WATER WELL OWNER: GREG A			MICHELS	Elevation:			
RR#, St	t. Address	Box # : 629 N	, TRESSIN RA		Datum:	1.74.W	
City, Sta	ate, ZIP C	ode : Callada	Ks 67401		Data Collection	Mathadi	
3 LOCAT	TE WEIT	2S A DEDTH OF COM	PLETED WELL	119			
LOCAT		5 4 DEFIH OF COM	IFLEIED WELL	A. A	11.		
		N Donth(s) Groundwate	or Engagetared (1)	90	A (2)	A (2)	Δ
WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered (1)9							1l. /
SECTION BOX: WELL'S STATIC WATER LEVEL						yı	
	··	Fet Vield on	m: Well water was		II. alici	hours pumping	gpin gpm
'	'	WELL WATER TO	RE USED AS: 5 Publi	ic water c	unniv & Air	conditioning 11 Ini	ection well
	WELL WATER TO BE USED AS: 5 Public water supply 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well 12 Other (Specify below)						
W E Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well							iei (Specify below)
SW	SE	Was a chemical/bacte	eriological sample subr	nitted to I	Dengrtment? Vac	No X	If yes molday/yrs
Was a chemical/bacteriological sample submitted to Department? Yes							
	S	Sample was submitte	d	. wate	wen disinfected?	165 110	•••
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped							
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded							
2 PV	C 4.	ABS 7 Fibergla	ss			Threaded	
Blank casing diameter in. to							
Blank casing diameter in. to 9.9 ft., Diameter in. to ft. Casing height above land surface in., Weight 1.60 lbs./ft. Wall thickness or guage No. S.D. 26							
		OR PERFORATION MAT					
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)							
2 Bra		Galvanized Steal 6 Cor) 10 A	Asbestos-Cement	12 None used (open	hole)
		PRATION OPENINGS AR		_			
1 Cor	ntinuous s	ot 3 Mill slot	Gauzed wrapped 7 T	orch cut	9 Drilled holes	11 None (open h	ole)
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From ft. to ft.							
SCREEN-PERFORATED INTERVALS: From							
From							
GRAVEL PACK INTERVALS: From							
From							
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other							
Grout Interv		From O ft to	fr From	10	ft to P? f	From	ft to ft
Grout Intervals: From							
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify							
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below)							
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Qil well/gas well							
Direction from well? How many feet? OPEN PASTURE NOWE APPARENT							
FROM	TO TO	LITHOLOGI	CIOG	FROM		PLUGGING INT	
			CLAY BROWN		10	I LOGGING INTI	DICYALS
	22 0	^	<u> </u>				***
		LAY TAN AN					
77		FAND STONE BE		AYER			
70 1	120	SANOSTONE T	AN				
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							the state of the s
							Al-
7 CONTRA	ACTOR'S	S OR LANDOWNER'S C	CERTIFICATION: Th	nis water	well was (1) const	ructed, (2) reconstruct	ed, or (3) plugged
7 CONTRA	ACTOR'S	S OR LANDOWNER'S C	CERTIFICATION: The o/day/year)	nis water	well was (1) const this record is true	ructed, (2) reconstruct to the best of my knov	ed, or (3) plugged vledge and belief.
7 CONTRA under my ju Kansas Wat	ACTOR'S urisdiction ter Well C	OR LANDOWNER'S C and was completed on (montractor's License No.	CERTIFICATION: The odday/year)	nis water	well was (1) const this record is true cord was completed	ructed, (2) reconstruct to the best of my know I on (mo/day/year)	ed, or (3) plugged wledge and belief.
under the bu	usiness na	S OR LANDOWNER'S Of and was completed on (montractor's License No. 3) me of PLSTIBLE	e pump sæl	VICKBY	(signature) (🔫	e. D A Tea	1
INSTRUCTION	usiness na ONS: Use t	me of YESTING ypewriter or ball point pen. PLI	EASE PRESS FIRMLY and P	UILL by RINT clear	y (signature)	s, underline or circle the co	orrest answers. Send top
INSTRUCTION three copies to	usiness na ONS: Use to Kansas De	me of YEST , BLE sypewriter or ball point pen. <u>PLI</u> partment of Health and Environm	EASE PRESS FIRMLY and Prent, Bureau of Water, Geological Control of Water,	RINT clear gy Section,	y (signature) () ly. Please fill in blank 1000 SW Jackson St.,	s, underline or circle the co Suite 420, Topeka, Kansas	orreganswers. Send top 66612-1367. Telephone
INSTRUCTION three copies to 785-296-5522.	ONS: Use to Kansas Dept. Send	me of YESTING ypewriter or ball point pen. PLI	EASE PRESS FIRMLY and Prent, Bureau of Water, Geological Control of Water,	RINT clear gy Section,	y (signature) () ly. Please fill in blank 1000 SW Jackson St.,	s, underline or circle the co Suite 420, Topeka, Kansas	orreganswers. Send top 66612-1367. Telephone